

32692

Customer Number

PATENT
Docket No.: 63162US005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: STEPHEN O'HARA

Application No.: 10/576,631

Confirmation No.: 5768

Filed: April 16, 2007

Group Art Unit: 1645

Examiner: O. Ogunbiyi

Title: USING NUCLEIC ACIDS FOR CLINICAL MICROBIOLOGY
TESTING

AMENDMENT AND RESPONSE AND REQUEST FOR EXTENSION OF TIME

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

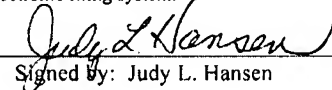
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]

I hereby certify that this correspondence is being:

- ☐ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.
- ☒ transmitted to United States Patent and Trademark Office on the date shown below via the Office electronic filing system.

April 8, 2009

Date


Signed by: Judy L. Hansen

Dear Sir:

This is in response to the outstanding Office Action dated January 6, 2009, in the above-identified application.

Fees

- ☒ Any required fee will be made at the time of submission via EFS-Web. In the event fees are not or cannot be paid at the time of EFS-Web submission, please charge any fees under 37 CFR § 1.17 which may be required to Deposit Account No. 13-3723.
- ☐ Please charge any fees under 37 CFR §§ 1.16 and 1.17 which may be required to Deposit Account No. 13-3723. (One copy of this sheet marked duplicate is enclosed.)
- ☒ Please charge any additional fees associated with the prosecution of this application to Deposit Account No. 13-3723. This authorization includes the fee for any necessary extension of time under 37 CFR § 1.136(a). To the extent any such extension should become necessary, it is hereby requested.
- ☒ Please credit any overpayment to the same deposit account.

Additional claim fees for this amendment are computed as follows:

Claims As Amended							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For		(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	20	Minus	**	20	0	x \$52.00	\$0.00
Independent Claims	1	Minus	***	3	0	x \$220.00	\$0.00
Additional fee for filing one or more multiple dependent claims, if no such fee has been paid						\$390.00	
Total Additional Fee For This Amendment							\$0.00
** If the "Highest No. Previously Paid For" is less than 20, insert "20" in next space.							
*** If the "Highest No. previously Paid For" is less than 3, insert "3" in next space.							